

**ARIZONA DEPARTMENT OF ECONOMIC SECURITY
DIVISION OF EMPLOYMENT AND REHABILITATION SERVICES
SIGHT CONSERVATION PROGRAM**

**Notice of Privacy Practices
Effective April 14, 2003**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this notice, please contact:

**Privacy Officer
Division of Employment and Rehabilitation Services
Sight Conservation Program
1789 West Jefferson, Site Code 837A
Phoenix, AZ 85007
Phone: (602) 364-1170
Fax: (602) 542-6000**

This Notice of Privacy Practices describes how the Sight Conservation Program may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

The Sight Conservation Program is required to abide by the terms of the Notice of Privacy Practices in effect at the relevant point in time. The Sight Conservation Program may change the terms of the notice at any time. The new notice will be effective for all protected health information that the Sight Conservation Program maintains at that time. You may obtain a copy of any revised Notice of Privacy Practices by requesting a copy from the Privacy Officer at the address or phone number above.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

Your protected health information may be used and disclosed by the Sight Conservation Program and others outside of the Program that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your vision care bills and to support the operations of the Sight Conservation Program. The protected health information used or disclosed will be the minimum necessary to accomplish treatment, payment and health care operations. The following are examples of the types of uses and disclosures of your protected vision care information that the Sight Conservation Program is permitted to make without your authorization. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by the Sight Conservation Program.

- 1. Treatment:** The Sight Conservation Program will use and disclose your protected health information to provide, coordinate or manage your health care. For example, the Sight Conservation Program will disclose protected health information to optometrist or ophthalmologist who may be treating you to ensure that he/she has the necessary information to diagnose and treat you. In addition, the Sight Conservation Program may disclose your protected health information to health care provider (e.g., laboratory).
- 2. Payment:** Your protected health information will be used, as needed, to pay for your vision care services.

3. **Healthcare Operations:** The Sight Conservation Program may use or disclose your protected health information to support the business activities of the Sight Conservation Program. These activities include, but are not limited to, training of staff, resolving grievances, quality control and conducting other business activities.
4. **Others Involved in Your Healthcare**
Unless you object, the Sight Conservation Program may disclose to a member of your family, another relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree to or object to such a disclosure, the Sight Conservation Program may disclose such information as necessary if the program determines that it is in your best interest. The Sight Conservation Program may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person who is responsible for your care, of your location, general condition or death. Finally, the Sight Conservation Program may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your care.
5. **Research:** The Sight Conservation Program may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
6. **Required by Law:** The Sight Conservation Program may use or disclose your protected health information when the use or disclosure is required by law. The use or disclosure will be made in compliance with the law. If required by law, you will be notified of any such uses or disclosures.
7. **Emergencies:** The Sight Conservation Program may use or disclose your protected health information for emergency medical treatment.

SPECIAL SITUATIONS

1. **Public Health:** The Sight Conservation Program may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability.

When mandated by federal or state law, your protected health information may be disclosed to a foreign government agency that is collaborating with a public health authority.

2. **Health Oversight Activities:** The Sight Conservation Program may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations and inspections. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
3. **Abuse or Neglect:** The Sight Conservation Program may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, the Sight Conservation Program may, consistent with the law, disclose your protected health information to the government entity authorized to receive such information, if it reasonably believes that you have been a victim of abuse, neglect or domestic violence.

4. **Legal Proceedings:** The Sight Conservation Program may disclose protected health information in the course of any judicial or administrative proceedings, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.
5. **Law Enforcement:** The Sight Conservation Program may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: 1) legal processes as otherwise required by law, 2) limited information requests for identification and location purposes, 3) gathering information pertaining to victims of crime, 4) suspicion that death has occurred as a result of criminal conduct, 5) gathering information if a crime occurs at your residence, and 6) a medical emergency and it is likely that a crime has occurred.
6. **Appointment Notices:** The Sight Conservation Program will contact you to notify you of the date and time of your appointment with the vision clinic.
7. **Coroners and Funeral Directors:** The Sight Conservation Program may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. The Sight Conservation Program may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out necessary duties.
8. **Inmates:** The Sight Conservation Program may use or disclose your protected health information if you are an inmate of a correctional facility.
9. **Communicable Diseases:** The Sight Conservation Program may disclose your protected health information, when authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
10. **Criminal Activity:** Consistent with applicable federal and state laws, the Sight Conservation Program may disclose your protected health information if the Program believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The Sight Conservation Program may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
11. **Organ and Tissue Donation:** If you are an organ donor, the Sight Conservation Program may release medical information to organizations that handle organ procurement or organ, eye or tissue donation and transplantation.
12. **Workers' Compensation:** The Sight Conservation Program may release information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
13. **National Security and Intelligence Activities:** The Sight Conservation Program may release information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
14. **Protective Services for the President and Others:** The Sight Conservation Program may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

- 14. Food and Drug Administration:** The Sight Conservation Program may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biological product deviations, or to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

All other uses and disclosures will require your written authorization. You have the right to revoke your written authorization.

Your Rights

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- 1. You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set, as defined by federal law, for as long as the Sight Conservation Program maintains the protected health information.

Under federal law, however, you may not automatically inspect or copy the following records: information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding. In some circumstances, you may have a right to have this decision reviewed. Please contact the Division's Privacy Officer if you have questions about access to your records.

- 2. You have the right to request a restriction of your protected health information.** This means you may ask the Sight Conservation Program not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members, relatives or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply.

The Sight Conservation Program is not required to agree to a restriction that you may request. If the Sight Conservation Program believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If the Sight Conservation Program *does* agree to the requested restriction, the Program may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment, is required by law or court order, or is terminated pursuant to federal law. You may request a restriction by submitting the written request to the Privacy Officer at the address on page one of this document.

- 3. You have the right to request to receive confidential information from the Sight Conservation Program by alternative means or at an alternative location.** The Sight Conservation Program will accommodate reasonable requests. You will be asked to specify an alternative address or other method of contact. You will not be asked to explain the reason for your request. To make a request, write to the Privacy Officer at the address on page one of this document.
- 4. You may have the right to have your protected health information amended.** This means you may request an amendment of protected health information contained in a designated record set about you for as long as the Sight Conservation Program maintains this information. You must provide a reason to support the requested amendment. The Sight Conservation Program has 60 days from the receipt of your request to act on it or to state in writing that up to a 30 day extension is needed, the

reasons for the delay and the anticipated due date for a written response. In certain cases, the Sight Conservation Program may deny your request for an amendment. If your request for an amendment to your protected health information is denied, you have the right to file a written statement of disagreement with the program's Privacy Officer. The program may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If the Sight Conservation Program accepts the requested amendment, it will inform you of that decision and take appropriate action. Please contact the Privacy Officer at the phone number or address on page one of this document if you have questions about amending your records.

5. **You have the right to receive an accounting of certain disclosures the Sight Conservation Program has made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members, relatives or friends involved in your care, authorized by you, for notification purposes as well as certain releases authorized by federal law or required by law. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.
6. **You have the right to obtain a paper copy of this notice from the Sight Conservation Program,** upon request, even if you have agreed to accept this notice electronically.

COMPLAINTS

You may complain to the Sight Conservation Program or to the U.S. Secretary of Health and Human Services, Region IX, Office for Civil Rights, 50 United Nations Plaza – Room 322, San Francisco, CA 94102 if you believe your privacy rights have been violated by the program. You may file a complaint with the Sight Conservation Program by notifying the Privacy Officer of your complaint at the address or telephone number on page one of this document. The Sight Conservation Program will not retaliate against you for filing a complaint.

Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means that, if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting 602-542-6296.